FORM **A 19-1A**(Rev. 5/91)

DATE

STATE OF WASHINGTON

INVOICE VOUCHER

	AGENCY USE ONLY											
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.										
2280												

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AGFN	I(. Y	NA	IVIE

Washington Traffic Safety Commission 1000 S Cherry St PO BOX 40944 Olympia WA 98504-0944

VENDOR OR CLAIMANT (Warrant is to be payable to)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.

DESCRIPTION

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY		
	(SIGN IN INK)	
	(TITLE)	(DATE)

UNIT

PRICE

DATE RECEIVED

AMOUNT

FOR AGENCY

USE

RECEIVED BY

QUANTITY

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Jonna VanDyk – Occup							EPHONE NUMBER				DATE AGENC 2/26/08			APPRO	VAL				DATE 2/26/08	
DC	OC. DATE		PMT DUE DATE CURREN			NT DO	DOC. NO. REF DOC.			VENDOR NUMBER				VEND	OR MES	SAGE		UBI	IUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	APPN INDEX	STER IND PRO	EX GRAM DEX	SUB OBJ	SUB SUB OBJECT	UB INDEX		CCLASS COUNTY BUDGET UNIT		CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT		INVOICE NUMBER	
AC	COUNTI	NG A	.PPRC	OVAL FOR P.	AYMENT	-		DATE									WARRANT TO	OTAL	WARI	RANT NUMBER